SUPREME COURT
COUNTY OF NASSAU

FORECLOSURE SETTLEMENT CONFERENCE WORKSHEET

Borrower's Name _____
First M.I. Last

Address _____
Street Address Town State Zip

Co-Borrower's Name _____
First M.I. Last

Address _____
Street Address Town State Zip

Primary Monthly Mortgage Payment	$	2nd Mortgage Amount	$
Initial Interest Rate	%	2nd Mortgage Interest Rate	%
Current Interest Rate	%	Monthly Auto Loan Payments	$
Years Left		Minimum Credit Card Payments	$
Total Amount Owed on Mortgage	$	Other Loans	$
Taxes and Insurance	$	Child/Dependant Care	$
Monthly Utilities	$	Spousal Maintenance	$
Association Fees/Maintenance	$	*Are you employed?	☐Yes ☐No
Outstanding Medical Expenses	$	Are other household members employed?	☐Yes ☐No
Telephone/ Cell Phone	$	Total Household Income	$

***Employer:** _____
Name Address

_____ _____
Date **Signature**

****PLEASE BE AWARE THAT THE COURT REQUIRES THIS INFORMATION AT THE CONFERENCE. FAILURE TO COMPLETE THIS FORM PRIOR TO SEEING THE COURT WILL BE DEEMED A WAIVER OF YOUR CONFERENCE AND THE BANK WILL CONTINUE WITH THE FORECLOSURE PROCESS.